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To:				
101	Division of Co	nrnorations		
		: (850)617-6383	<b>54</b>	
From:			2020 MAY 26 SECRETARY TALL AHASSE	
		: REGISTERED AGENTS INC.	ORETAR LAHASS	<b>4</b> 0-4.
		r : I20090000081	37 <b>7</b>	•
	Phone	: (307)200-2803	公芸 🔼	
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annual	report mailings	. Enter only one email address please.	**:::	$\sim$
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## LLC REGISTERED AGENT CHANGE GLOSTICKS ENTERTAINMENT LIMITED LIABILITY COMPANY

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Glosticks E	ntertainment	Limited Liability Company		
2. (a)	34256 BELT DR.	(b) 34256	(b) 34256 BELT DR.		
()	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	DADE CITY, FL 33523	DADE	CITY, FL 33523		
	05/25/2018	L18000	0131283		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	, UNITED STATES CORPORATION AGENT	S, INC.			
J. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	tate:		
	5575 S. SEMORAN BLVD				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	SUITE 36				
	ORLANDO E	32822	<del></del>		
(b)	Registered Agents Inc		ZOZO MAY 26 SECRETARY TALL ARIASSE		
, ,	Enter name of NEW Registered Agent and/or NEW Registered	- EM 5 -17			
	7901 4th St N		FF: 62		
NEW Registered Office Address:					
	STE 300	,,,	MHII: 36		
	St. Petersburg	_33702			
the chagent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered off lability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
provi: the ol to me notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ted in spriting of this change.  Bill Havre - Assistar	e performance of m ed for in Chapter 6	ry duties, and I am familiar with and accept 305. F.S Or, if this document is being filed		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00